



**TEXAS DEPARTMENT OF HEALTH
DIVISION OF GENERAL SANITATION
YOUTH CAMP LICENSING BRANCH
REQUIREMENTS FOR YOUTH CAMP
FIRST AID VARIANCE
May 11, 1999**

This information is provided to assist those interested in obtaining a variance to provide first aid staff at a level of training less than as stated in Sec. 265.15(c).

1. A variance will be allowed if the activities of the camp are within 20 minutes access time to an emergency medical system (EMS) higher level of medical assistance. A camp must consider where their location is at all times (including trip/travel programs) and provide for higher level of certification (American Red Cross - Advanced First Aid or equivalent (40 hour course)) if campers are not within 20 minutes access time to EMS service. A camp must obtain documentation from EMS(s) (i.e., map(s)) sufficient to demonstrate where the 20 minute response area is. These map(s) must be on hand where the campers are located and made available to our inspector upon request.
2. If campers are within 20 minutes EMS access time and high-hazard activities such as archery, riflery, rock climbing, horsemanship, gymnastics, wilderness, swimming, shop activities or when using machinery or other similar activities where there is a likelihood of body contact or contact with a moving object (i.e., football, soccer, basketball, baseball, or activities where such contact is possible) are conducted, camp management must provide certified first aid personnel with the following minimum training:

1. Adult and Child CPR	5-6 hours
2. General first aid skills	4-5 hours
3. Blood borne pathogens or additional general first aid skills	<u>2 hours</u>
Total minimum hours	<u>12 hours</u>
3. If campers are within 20 minutes EMS access time and low-hazard activities such as reading, crafts, board games, computer study, etc., are conducted, certified first aid personnel with the following minimum training must be provided:

1. Adult and Child CPR	5-6 hours
2. General first aid skills	<u>3-4 hours</u>
Total minimum hours	<u>9 hours</u>
4. All Medical and Nursing Care requirements as stated in Sec 265.15, except for item (c), must be complied with in order to hold this variance and documents made available to our inspector upon request.
5. Page 2 of this form must be signed and provided to the Central and Regional Office of TDH prior to operating. If a camp agrees to comply with all the elements stated in this Requirements for Youth Camp First Aid Variance document and upon confirmation by our inspectors, a formal variance will be given.

If you contemplate submitting a variance under Sec. 265.22 that is different from that described, you should discuss your specific situation prior to submittal of the request with the Youth Camp Licensing Branch Central Office to determine the feasibility of your proposal and what supporting information will be required.



TEXAS DEPARTMENT OF HEALTH
DIVISION OF GENERAL SANITATION
YOUTH CAMP LICENSING BRANCH
REQUIREMENTS AGREEMENT FOR
YOUTH CAMP FIRST AID VARIANCE

I (we) (name) _____, as official representative (or designee) of the organization or partnership for camp (name) _____ (Camp Identification # (6 digits) _____) hereby agree to abide by the attached requirements stated on page 1 of 2 entitled REQUIREMENTS FOR YOUTH CAMP FIRST AID VARIANCE, May 6, 1999. I (we) further agree to provide first aid personnel trained at the level of American Red Cross, Advanced First Aid, for all campers as required by Sec. 265.15(c) at any time I (we) cannot comply with the requirements as stated on page 1 of 2 entitled REQUIREMENTS FOR YOUTH CAMP FIRST AID VARIANCE, May 6, 1999.

X _____ Date: _____
SIGNATURE of legally responsible person(s) such as owner, partners**, or person who can legally sign for the corporation such as Chief Executive Officer of Governing Body or President.

** All additional partners must provide their address, city, state, zip code, and phone number and must also sign this agreement (MAKE COPIES OF FORM IF NEEDED).

PRINT above name: _____ Phone (____) _____

TITLE above named person: _____

Address _____ Fax (____) _____

City, State _____ Zip _____

Email _____

I do solemnly swear (affirm) that I have read the contents of page 1 and 2 hereof; and will abide by the provisions of the requested variance and am the person(s) named in this document.

State of Texas County of _____ this instrument was acknowledged before me on

_____ by _____
Date Name(s) person(s) acknowledging (print).

**NOTARY SEAL
OR STAMP**

Notary Public's Signature _____